## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

15865.82.1

| CLAIMS AS FILED - PART I  |   |   |  |                                      |                         |  |          | SMALL ENTITY       |                        |       | OTHER THAN         |                        |
|---|---|---|--|--------------------------------------|-------------------------|--|----------|--------------------|------------------------|-------|--------------------|------------------------|
| ┎   | OTAL CLAIMS   | <u> </u>                                  | (Column 1)                                       |                                      | (Colu                   | Column 2)                              |          | TYPE [             |                        | OR    | SMALL              | ENTITY                 |
|   |   |   | 1  | 1.7                                  |                         | ······································ | -        | RATE               | FEE                    |       | RATE               | FEE                    |
| FOR   |   |   | NUMBER FILED                                     |                                      | NUMBER EXTRA            |  |          | BASIC FE           | 385.00                 | OR    | BASIC FEE          | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | 17 minus 20=                                     |                                      | * 0                     |  |          | X\$ 9=             |                        | OR    | X\$18=             | 0                      |
| -   | DEPENDENT (   |   | <del>                                     </del> | ninus 3 =                            | *                       | )                                      |          | X43=               |                        | OR    | X86=               | 0                      |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |  |                                      |                         |  |          | +145=              |                        | OR    | +290=              |                        |
| *   | f the differenc   | e in column 1 is                          | less than zero, enter "0" in column 2            |                                      |                         |  | 1        | TOTAL              |                        | OR    | TOTAL              | 220                    |
| CLAIMS AS AMENDED - PART II   |   |   |  |                                      |                         |  |          |                    |                        |       | OTHER              | <del></del>            |
|   | · ·   | (Column 1)                                | (Colum   | nn 2)                                | (Column 3)              |  | SMALL    | ENTITY             | OR                     | SMALL |                    |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER<br>USLY             | PRESENT<br>EXTRA                       |          | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus  | **                                   |                         | =                                      |          | X\$ 9=             | •                      | OR    | X\$18=             |                        |
|   | Independent   | *<br>ENTATION OF M                        | Minus  | ***                                  | CL AINA                 | =                                      |          | X43=               |                        | OR    | X86=               |                        |
| _   | THISTTILS   | ENTATION OF M                             | OLTIPLE DEI                                      | PENDENT                              | CLAIM                   |  |          | +145=              | ·                      | OR    | +290=              |                        |
|   |   |   |  |                                      |                         |  |          | TOTAL<br>DDIT. FEE | *                      |       | TOTAL              |                        |
|   | (Column 1) (Column 2) (Column 3)  |   |  |                                      |                         |  |          |                    | <u> </u>               |       | ADDIT FEE          |                        |
| 6   |   | CLAIMS                                    |  | - HIGHE                              | ST                      |  | _        |                    | ADDI-                  | 7 [   |                    | A D D I                |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMB<br>PREVIOI<br>PAID F            | USLY                    | PRESENT<br>EXTRA                       |          | RATE               | TIONAL                 |       | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus  | **                                   |                         | = -                                    |          | X\$ 9=             |                        | OR    | X\$18=             |                        |
|   | Independent   | *   | Minus  | ***                                  |                         | =                                      | ┢        | X43=               |                        |       | X86=               |                        |
| _   | FIRST PRESE   | NTATION OF ML                             | TIPLE DEPENDENT CLAIM                            |                                      |                         | -                                      | 7.10-    | <u> </u>           | OR                     | 700=  |                    |                        |
|   |   |   |  |                                      |                         |  |          | +145=              |                        | OR    | +290=              |                        |
| •   |   |   |  |                                      |                         |  |          | TOTAL<br>DDIT. FEE | _                      | OR ,  | TOTAL<br>DDIT, FEE |                        |
| ٠   | · .   | (Column 1)                                |  | (Columi                              | n 2) (                  | (Column 3)                             |          |                    |                        |       |                    |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO | ST<br>ER<br>USLY        | PRESENT<br>EXTRA                       |          | RATE               | ADDI-<br>FEE           |       | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus  | **                                   |                         | =                                      |          | X\$ 9=             |                        | OR    | X\$18=             |                        |
|   | Independent   | *   | Minus  | ***                                  |                         | =                                      | $\vdash$ | X43=               |                        |       | X86=               |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |                                      |                         |  | <u> </u> | 740-               |                        | OR    | A00=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |  |                                      |                         |  |          | +145=              |                        | OR    | +290=              | · .                    |
| ** 11   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |  |                                      |                         |  |          |                    |                        | OR    | TOTAL<br>DDIT. FEE |                        |
| T   | he "Highest Num   | ber Previously Paid                       | For" (Total or                                   | SPACE is I<br>Independent            | ess than<br>t) is the h | 3, enter "3."<br>ighest number         |          | DIT. FEE           | opriate box            |       |                    |                        |